

2111

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			ORIGINAL CERTIFICATE OF DEATH	
County	Maricopa		State Index No.	581 981
District	No 3		County Registered No.	5623
Town	Gilbert		Local Registrar's No.	511
Or City				
No. (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Otha Hughes</u>				
PERSONAL AND STATISTICAL PARTICULARS				
SEX	Color or Race	MARRIED		
Male	White Indian	WIDOWED		
	Black Chinese	or DIVORCED		
	Mexican			
DATE OF BIRTH	Nov 8 1915			
AGE	2 yrs 10 mos 28 days			
OCCUPATION	(a) Trade, profession or particular kind of work			
	(b) General nature of industry, business, or establishment in which employed or (employer)			
BIRTHPLACE	(State or country) New Mexico			
NAME OF FATHER	B. J. Hughes			
BIRTHPLACE OF FATHER	(State or country) Texas			
MAIDEN NAME OF MOTHER	Isabel McDow			
BIRTHPLACE OF MOTHER	(State or country) Texas			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant)	B. J. Hughes			
(Address)	Gilbert			
PLACE OF BURIAL OR REMOVAL	Mesa Cemetery			
DATE OF BURIAL OR REMOVAL	Oct 7 1918			
UNDERTAKER	M. A. Burton & Sons			
ADDRESS	Mesa			
MEDICAL CERTIFICATE OF DEATH				
DATE OF DEATH Oct 6 1918				
I hereby certify, that I attended deceased from 9-28 1918 to Oct. 6/18; that I last saw him alive on Oct. 6/18 and that death occurred on the date stated above at 3:30 P.M. The DISEASE or INJURY causing death was as follows: Pneumonia				
(Duration) yrs mos days				
Was disease contracted in Arizona? yes				
If not, where?				
CONTRIBUTORY yes Croup				
(Duration) yrs mos days				
(Signed) J. E. Drane				
10/6/18 (Address) Mesa				
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
LENGTH OF RESIDENCE				
At place of death yrs mos ds. In Arizona yrs mos ds.				
Former or Usual Residence New Mexico				
Filed 10/7 1918 J. E. Drane				
Local Registrar				
Filed 12/20 1918 J. B. McDaniel				
County Registrar				